

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

05 APR 21 PM 2:19

Full Name of Committee Kevin L. Boyce For Columbus City Council Committee						Registration Number, if PAC PA 00000000	
Full Name of Candidate Kevin L. Boyce							
Street Address 250 West Street				Office Sought City Council		District	
City Columbus				State OH		Zip Code 43215	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		0 M 5 0 D 3 0 Y 5	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐ No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$5,299.85
2. Total monetary contributions (From Form No. 31-A)	\$	\$45,685.00 ✓
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$50,984.85
5. Total monetary expenditures (From Form No. 31-B)	\$	\$10,295.47 ✓
6. Balance on hand (line 4 minus line 5)	\$	\$40,689.38
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Aaron L. Granger, Tres.

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

04/21/2005

Date

Contribution
pages **24**

Expenditure
pages **4**

Other
pages **6**

Total
pages **34**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee									
Full Name of Contributor Nationwide Better Citizen Fund						Registration Number, if PAC OH259			
Street Address One Nationwide Plaza			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 0	D 1	Y 2	Y 7	Amount \$250.00
Full Name of Contributor Adam Flatto						Registration Number, if PAC			
Street Address 136 E. 64th Street, Apt. #8-E			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New York		State NY	Zip Code 10021		M 0	D 1	Y 2	Y 7	Amount \$1,000.00
Full Name of Contributor Omni Management Group, LTD						Registration Number, if PAC			
Street Address 3433 Agler Road, Suite 2000			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43219		M 0	D 1	Y 2	Y 7	Amount \$150.00
Full Name of Contributor Frank J. Cipriano						Registration Number, if PAC			
Street Address 39 E. Whittier St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43206		M 0	D 1	Y 2	Y 7	Amount \$1,000.00
Full Name of Contributor Nisource Inc. PAC						Registration Number, if PAC FEC #C00051979			
Street Address 200 Civic Center Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 0	D 1	Y 2	Y 7	Amount \$1,000.00
Full Name of Contributor Daniel Helmick						Registration Number, if PAC			
Street Address 250 West Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 0	D 1	Y 3	Y 1	Amount \$250.00
Full Name of Contributor J. P. Morgan Chase & Co. PAC						Registration Number, if PAC FEC #C00128512			
Street Address 270 Park Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New York		State NY	Zip Code 10017		M 0	D 3	Y 0	Y 7	Amount \$250.00
Full Name of Contributor Crabbe Brown & James						Registration Number, if PAC			
Street Address 500 South Front Street, Suite 1200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 0	D 3	Y 0	Y 7	Amount \$1,000.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **\$4,900.00**

31-A
R.C. 3517.10

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R.C. 3517.10

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R.C. 3517.10

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R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee									
Full Name of Contributor Contributions from Form 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 3	
						Y 0		Amount \$14,560.00	
						3		0	
						5			
Full Name of Contributor Contributions from Form 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 3	
						Y 0		Amount \$4,000.00	
						2		2	
						0		5	
Full Name of Contributor Contributions from Form 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 4	
						Y 0		Amount \$1,925.00	
						6		0	
						5			
Full Name of Contributor Contributions from Form 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 4	
						Y 0		Amount \$15,800.00	
						1		2	
						0		5	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee					
Full Name of Contributor Friends of Peter Lawson Jones				Registration Number, if PAC	
Street Address 21750 Shaker Boulevard	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Shaker Heights	State OH	Zip Code 44122	Amount \$150.00	Form (Cash, Check, etc.) check	
Full Name of Contributor George J. Sicaras				Registration Number, if PAC	
Street Address 2460 North High Street	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State OH	Zip Code 43202	Amount \$150.00	Form (Cash, Check, etc.) check	
Full Name of Contributor William P. Demora				Registration Number, if PAC	
Street Address 100 Warren Street	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$50.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Stephanie R. Barnett				Registration Number, if PAC	
Street Address 1325 Haddon Road	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State OH	Zip Code 43209	Amount \$150.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Ted Barrows				Registration Number, if PAC	
Street Address 4834 Sarasota Drive	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Hilliard	State OH	Zip Code 43026	Amount \$150.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael L. Silberstein				Registration Number, if PAC	
Street Address 1088 Fountain Lane, Apt. F	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State OH	Zip Code 43213	Amount \$150.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Committee to Elect Ray Miller				Registration Number, if PAC	
Street Address 17 South High Street	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43215	Amount \$250.00	Form (Cash, Check, etc.) check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,050.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Roetzel & Andress LPA				Registration Number, if PAC	
Street Address 222 South Main Street		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$150.00
City Akron		State OH	Zip Code 44308	Form (Cash, Check, etc.) check	
Full Name of Contributor SBC Ohio Employee Political Action Committee				Registration Number, if PAC	
Street Address 150 East Gay Steet, Room 4A		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$1,000.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Peter H. Edwards				Registration Number, if PAC	
Street Address 495 South High Street, Suite 150		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Laurence G. Ruben				Registration Number, if PAC	
Street Address 140 South Columbia Ave.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$150.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor George J. Kontogiannis				Registration Number, if PAC	
Street Address 400 South Fifth Street, Suite 400		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor John C. Rosenberger				Registration Number, if PAC	
Street Address 804 City Park Ave.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$150.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Thomas E. Szykowny				Registration Number, if PAC	
Street Address 250 S. Parkview Ave.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$150.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,900.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Terrence R. Heffernan				Registration Number, if PAC	
Street Address 175 South Third Street, 9th Floor		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$100.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Richard A. Talbott				Registration Number, if PAC	
Street Address 4236 Shire Cove Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Hilliard		State OH	Zip Code 43026	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Edward O. Vance				Registration Number, if PAC	
Street Address 248 Thornewood Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Granville		State OH	Zip Code 43023	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Don L. Brown				Registration Number, if PAC	
Street Address 3921 Lytham Court		Employer/Occupation/Labor Organization*		M 0	D 4
City Upper Arlington		State OH	Zip Code 43220	Y 0	Amount \$100.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Feriends For Thomas				Registration Number, if PAC	
Street Address 250 West Steet		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$1,000.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Mark K. Milligan				Registration Number, if PAC	
Street Address P.O. Box 12333		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43212	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Tobias A. Iloka				Registration Number, if PAC	
Street Address 6677 Spring Run Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville		State OH	Zip Code 43082	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					

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Fill in the boxes below only on the last page for this event.

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,800.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor A. Michael Schwarzwald				Registration Number, if PAC	
Street Address 357 W. Hubbard Ave.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$100.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Aaron L. Granger				Registration Number, if PAC	
Street Address 6889 Bonnie Brae Lane		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43235	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Michael K. Fultz				Registration Number, if PAC	
Street Address 452 South Otterbein Ave.		Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville		State OH	Zip Code 43081	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Richard C. Pfeiffer				Registration Number, if PAC	
Street Address 238 E. Royal Forest Blvd.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43214	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Julia L. Dorrian				Registration Number, if PAC	
Street Address 130 Northridge Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43214	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Manoj Sethi				Registration Number, if PAC	
Street Address 7674 Johntimm Court		Employer/Occupation/Labor Organization*		M 0	D 4
City Dublin		State OH	Zip Code 43017	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Larry Price				Registration Number, if PAC	
Street Address 1587 Franklin Park South		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43205	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,000.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Andrew O. Eribo				Registration Number, if PAC	
Street Address 4636 Carrington Way		Employer/Occupation/Labor Organization*		M 0	D 4
City Hilliard		State OH	Zip Code 43026	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Melinda T. Swan				Registration Number, if PAC	
Street Address 2821 Kensington Place		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43202	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Danielle Alexander				Registration Number, if PAC	
Street Address 7988 Priestley Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Reynoldsburg		State OH	Zip Code 43068	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Anthony J. Dascenzo				Registration Number, if PAC	
Street Address 1012 Hunter Ave.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43201	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor A. Robert Hutchins				Registration Number, if PAC	
Street Address 411 E. Town Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Robert W. McLaughlin				Registration Number, if PAC	
Street Address 105 W. Plum Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville		State OH	Zip Code 43081	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Chilin Yu				Registration Number, if PAC	
Street Address 2322 Woodstock Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43221	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,050.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor Valerie R. Harrell				Registration Number, if PAC			
Street Address 1449 Cottingham Ct. W.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc.) check			
Full Name of Contributor Charles R. Santer				Registration Number, if PAC			
Street Address 1320 McCoy Road		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43220		Form (Cash, Check, etc.) check			
Full Name of Contributor Curtis J. Moody				Registration Number, if PAC			
Street Address 3887 Sunbury Road		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43219		Form (Cash, Check, etc.) check			
Full Name of Contributor Dawn R. Tyler				Registration Number, if PAC			
Street Address 2574 Dover Road		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc.) check			
Full Name of Contributor Wilburn C. Weddington				Registration Number, if PAC			
Street Address 75 North Ohio Ave.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43203		Form (Cash, Check, etc.) check			
Full Name of Contributor Eric D. Carmichael				Registration Number, if PAC			
Street Address 1299 Brookwood Place		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc.) check			
Full Name of Contributor Paul H. Coleman				Registration Number, if PAC			
Street Address 1299 Haddon Road		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc.) check			

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,050.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor McCullough Williams			Registration Number, if PAC	
Street Address 6171 Lyanne Ct	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$150.00
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) check	
Full Name of Contributor Daniel M. Slane			Registration Number, if PAC	
Street Address 261 W. Johnstown Road	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$150.00
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name of Contributor Columbus Apartment Association PAC			Registration Number, if PAC OH#146	
Street Address 1225 Dublin Road	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Nicholas C. Cavalaris			Registration Number, if PAC	
Street Address 37 West Broad Street	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Harrison W. Smith, Jr.			Registration Number, if PAC	
Street Address 37 West Broad Street	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Pumbers & Pipefitters			Registration Number, if PAC	
Street Address 1250 Kinner Road	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$300.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Sexton			Registration Number, if PAC	
Street Address 9 Buttles Ave., Apt. 414	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,450.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Gail A. White-Dixon				Registration Number, if PAC	
Street Address 1652 Bryden Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43205	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Jamie A. Liggins				Registration Number, if PAC	
Street Address 3146 Cumberland Woods Drive.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43219	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor H. Lee Thompson				Registration Number, if PAC	
Street Address 85 East Gay Street, Suite 810		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Anthony P. English				Registration Number, if PAC	
Street Address 2890 Wambli Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43219	Y 0	Amount \$300.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Gayle Channing Tenenbaum				Registration Number, if PAC	
Street Address 164 North Harding Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$250.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Citizens With Ford				Registration Number, if PAC	
Street Address 1935 Shenandoah Ave.		Employer/Occupation/Labor Organization*		M 0	D 4
City Toledo		State OH	Zip Code 43607	Y 0	Amount \$1,000.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Howard Heard				Registration Number, if PAC	
Street Address 1186 Geers Ave.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$25.00
				Form (Cash, Check, etc.) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,825.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Jackson B. Reynolds, III				Registration Number, if PAC	
Street Address 37 West Broad Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$300.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Jeffrey L. Brown				Registration Number, if PAC	
Street Address 37 West Broad Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$300.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor David L. Hodge				Registration Number, if PAC	
Street Address 37 West Broad Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$300.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Albert S. Hall				Registration Number, if PAC	
Street Address 322 Vine Lane		Employer/Occupation/Labor Organization*		M 0	D 4
City West Amherst		State NY	Zip Code 14228	Y 0	Amount \$300.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Edward J. Leonard				Registration Number, if PAC	
Street Address 4025 Berrybush Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Gahanna		State OH	Zip Code 43230	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Barbara J. Clark				Registration Number, if PAC	
Street Address 431 E. Broad Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Kelly M. Brown				Registration Number, if PAC	
Street Address 4729 Harbinger Circle, East		Employer/Occupation/Labor Organization*		M 0	D 4
City Whitehall		State OH	Zip Code 43213	Y 0	Amount \$200.00
				Form (Cash, Check, etc.) check	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,550.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Amy Debra Klaben				Registration Number, if PAC	
Street Address 238 N. Cassady Ave.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$100.00
City Bexley	State OH	Zip Code 43209		Form (Cash, Check, etc.) check	
Full Name of Contributor Marty Anderson				Registration Number, if PAC	
Street Address 3409 River Seine Street		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$50.00
City Columbus	State OH	Zip Code 43221		Form (Cash, Check, etc.) check	
Full Name of Contributor Jeffrey W. Edwards				Registration Number, if PAC	
Street Address 495 South High Street, Suite 150		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$150.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Bell				Registration Number, if PAC	
Street Address 2148 Pleasant Colony Dr.		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 5	Amount \$100.00
City Lewis Center	State OH	Zip Code		Form (Cash, Check, etc.) cash	
Full Name of Contributor Clyde Bridges				Registration Number, if PAC	
Street Address 2272 Somersworth Drive North		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 0 5	Amount \$100.00
City Columbus	State OH	Zip Code 43219		Form (Cash, Check, etc.) cash	
Full Name of Contributor Edward J. Leonard				Registration Number, if PAC	
Street Address 4025 Berrybush Drive		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount \$50.00
City Gahanna	State OH	Zip Code 43230		Form (Cash, Check, etc.) cash	
Full Name of Contributor David B. Perry				Registration Number, if PAC	
Street Address 6651 Dutch Lane Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$150.00
City Johnstown	State OH	Zip Code 43031		Form (Cash, Check, etc.) check	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 700.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor Douglas R. McCloud				Registration Number, if PAC			
Street Address 1666 Birdsong Ct.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$250.00
City Blacklick		State OH	Zip Code 43004	Form (Cash, Check, etc.) check			
Full Name of Contributor Boyce Safford, III				Registration Number, if PAC			
Street Address 3451 Society Hill Court		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$150.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) check			
Full Name of Contributor Committee to Elect Fred Strahorn				Registration Number, if PAC			
Street Address 223 Kenwood		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$100.00
City Dayton		State OH	Zip Code 45406	Form (Cash, Check, etc.) check			
Full Name of Contributor Edward P. Ferris				Registration Number, if PAC			
Street Address 1959 Collingswood Road		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$150.00
City Upper Arlington		State OH	Zip Code 43221	Form (Cash, Check, etc.) check			
Full Name of Contributor Margaret Reynolds				Registration Number, if PAC			
Street Address 4789 Augustus Court		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$35.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) check			
Full Name of Contributor Michael Bell				Registration Number, if PAC			
Street Address 2148 Pleasant Colony Drive		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$50.00
City Lewis Center		State OH	Zip Code	Form (Cash, Check, etc.) check			
Full Name of Contributor Clyde Bridges				Registration Number, if PAC			
Street Address 2272 Somersworth Drive		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$50.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) check			

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Fill in the boxes below only on the last page for this event.

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 785.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Calfee, Halter/Green				Registration Number, if PAC FEC #C00351635	
Street Address 800 Superior Avenue, Suite 1400		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$150.00
City Cleveland		State OH	Zip Code 44114	Form (Cash, Check, etc.) check	
Full Name of Contributor Columbus Firefighters Union PAC				Registration Number, if PAC LA 839	
Street Address 1380 Dublin Road, Suite 103		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Rob Crane				Registration Number, if PAC	
Street Address 5600 Dublin Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$100.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	

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Total contributions this event

\$14,560.00

Total expenditures this event.

\$1,256.33

Page Total \$400.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Porter, Wright, Morris & Arthur LLP				Registration Number, if PAC	
Street Address 41 South High Street		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Crabbe, Brown & James				Registration Number, if PAC	
Street Address 500 South Front Street, Suite 1200		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,000.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Donald T. Plank				Registration Number, if PAC	
Street Address 685 City Park Avenue		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$250.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Richard C. Brahm				Registration Number, if PAC	
Street Address 672 Old Pond Lane		Employer/Occupation/Labor Organization*		M 0	D 4
City Powell		State OH	Zip Code 43065	Y 0	Amount \$250.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Gregory B. Comfort				Registration Number, if PAC	
Street Address 2275 Onandga Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43221	Y 0	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Nelson E. Kohman				Registration Number, if PAC	
Street Address 10039 Hollow Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Pataskala		State OH	Zip Code 43062	Y 0	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Terry E. George				Registration Number, if PAC	
Street Address 8547 Stonechat Loop		Employer/Occupation/Labor Organization*		M 0	D 4
City Dublin		State OH	Zip Code 43017	Y 0	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Robert W. Siekmann Jr.				Registration Number, if PAC	
Street Address 9000 Memorial Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Plain City		State OH	Zip Code 43064	Y 0	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Richard F. Hills				Registration Number, if PAC	
Street Address 17 South High Street, Suite 245		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$500.00
Form (Cash, Check, etc.) check					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$4,000.00 ✓

Total expenditures this event.

\$0.00

Page Total \$3,000.00 ✓

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Laurel A. Beatty				Registration Number, if PAC	
Street Address 600 South Grant Avenue		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$25.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Percy Squire				Registration Number, if PAC	
Street Address 547 Mohawk Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$250.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Elizabeth J. Watters				Registration Number, if PAC	
Street Address 1263 Broadview Ave.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43212	Y 0	Amount \$100.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Carol O. Ray				Registration Number, if PAC	
Street Address 2030 Tremont Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43221	Y 0	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Jesse M. Hemphill				Registration Number, if PAC	
Street Address 4724 Carriage Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Mason		State OH	Zip Code 45040	Y 0	Amount \$200.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Timothy S. Horton				Registration Number, if PAC	
Street Address 4497 Flower Garden Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City New Albany		State OH	Zip Code 43054	Y 0	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor John J. Chester, Jr.				Registration Number, if PAC	
Street Address 65 East State Street, Suite 1000		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$50.00
Form (Cash, Check, etc.) check					

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$825.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor James v. Maniance				Registration Number, if PAC	
Street Address 155 W. Main Street, 605 Waterford Tower		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43215	0 4 2 0 0 5	\$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor John Lowe				Registration Number, if PAC	
Street Address 362 Piedmont Road		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43214	0 4 2 0 0 5	\$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Chester Willcox & Saxbe				Registration Number, if PAC	
Street Address 65 E. State Street, Suite 1000		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43215	0 4 2 0 0 5	\$1,000.00
Form (Cash, Check, etc.) check					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code		
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code		
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code		
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code		
Form (Cash, Check, etc.)					

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Total contributions this event

\$1,925.00 ✓

Total expenditures this event.

\$0.00

Page Total \$ **\$1,100.00** ✓

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Shelley Young				Registration Number, if PAC	
Street Address 1914 Tewksbury Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Montford S. Will				Registration Number, if PAC	
Street Address 7712 Charlotte Hull Court		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount \$500.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor David B. Perry				Registration Number, if PAC	
Street Address 6651 Dutch Lane Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Johnstown		State OH	Zip Code 43031	Form (Cash, Check, etc.) check	
Full Name of Contributor George N. Simpson				Registration Number, if PAC	
Street Address 605 South Front Street, Suite 200		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard A. Talbott				Registration Number, if PAC	
Street Address 4236 Shire Cove Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert J. Weiler, Jr.				Registration Number, if PAC	
Street Address 41 South High Street, Suite 2200		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard J. Conie				Registration Number, if PAC	
Street Address 3900 Tarrington Lane		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) check	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 3,500.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Richard P. Conie				Registration Number, if PAC	
Street Address 2939 Halstead Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor G. Bradford Johnson				Registration Number, if PAC	
Street Address 1375 Briarcliffe Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Powell		State OH	Zip Code 43065	Y 2	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Robert B. Barnett, Jr.				Registration Number, if PAC	
Street Address 5087 Oakmont Place		Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville		State OH	Zip Code 43082	Y 2	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Larry D. Clark				Registration Number, if PAC	
Street Address 1335 Dublin Rd, Ste. 210D		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Gary B. Gitlitz				Registration Number, if PAC	
Street Address 235 Stanbery Ave.		Employer/Occupation/Labor Organization*		M 0	D 4
City Bexley		State OH	Zip Code 43209	Y 2	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Jack L. Mautino, III				Registration Number, if PAC	
Street Address 8201 Deep Run		Employer/Occupation/Labor Organization*		M 0	D 4
City Powell		State OH	Zip Code 43065	Y 2	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Lori Steiner				Registration Number, if PAC	
Street Address 8134 Crossgate Court North		Employer/Occupation/Labor Organization*		M 0	D 4
City Dublin		State OH	Zip Code 43017	Y 2	Amount \$500.00
Form (Cash, Check, etc.) check					

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 3,500.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor James V. Maniace				Registration Number, if PAC	
Street Address 155 West Main Street		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) check	
Full Name of Contributor Robert S. Long				Registration Number, if PAC	
Street Address 2064 Waltham Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$100.00
City Upper Arlington	State OH	Zip Code 43221		Form (Cash, Check, etc.) check	
Full Name of Contributor M.D. Zelnik				Registration Number, if PAC	
Street Address 500 Trillium Drive		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Galloway	State OH	Zip Code 43119		Form (Cash, Check, etc.) check	
Full Name of Contributor Mark A. Wagenbrenner				Registration Number, if PAC	
Street Address 3075 River Thames Street		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Columbus	State OH	Zip Code 43221		Form (Cash, Check, etc.) check	
Full Name of Contributor Mehmet B. Tin				Registration Number, if PAC	
Street Address 2597 Coltsbridge Drive		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Lewis Center	State OH	Zip Code 43035		Form (Cash, Check, etc.) check	
Full Name of Contributor Seyman L. Stern				Registration Number, if PAC	
Street Address 2728 Brentwood Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$250.00
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc.) check	
Full Name of Contributor Michael A. Simpson				Registration Number, if PAC	
Street Address 255 South Ardmore Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Bexley	State OH	Zip Code 43209		Form (Cash, Check, etc.) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$2,450.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Full Name of Contributor Larry H. James				Registration Number, if PAC		
Street Address One Miranova Place		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43215	0	4	2
				0	0	5
				Amount \$500.00		
Form (Cash, Check, etc.) check						
Full Name of Contributor Federick L. Ransier				Registration Number, if PAC		
Street Address 1801 East Long Street		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43203	0	4	2
				0	0	5
				Amount \$100.00		
Form (Cash, Check, etc.) check						
Full Name of Contributor Carol Sheehan Smithberger				Registration Number, if PAC		
Street Address 7658 Footermill Lane		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43235	0	4	2
				0	0	5
				Amount \$500.00		
Form (Cash, Check, etc.) check						
Full Name of Contributor James C. Shaw				Registration Number, if PAC		
Street Address 2505 Dorset Road		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43221	0	4	2
				0	0	5
				Amount \$500.00		
Form (Cash, Check, etc.) check						
Full Name of Contributor Charles R. Santer				Registration Number, if PAC		
Street Address 1320 McCoy Road		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43220	0	4	2
				0	0	5
				Amount \$500.00		
Form (Cash, Check, etc.) check						
Full Name of Contributor Douglas R. McCloud				Registration Number, if PAC		
Street Address 1666 Birdsong Court		Employer/Occupation/Labor Organization*		M	D	Y
City Blacklick		State OH	Zip Code 43004	0	4	2
				0	0	5
				Amount \$250.00		
Form (Cash, Check, etc.) check						
Full Name of Contributor Goldman & Associates				Registration Number, if PAC		
Street Address 454 E. Main Street, Suite 227		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43215	0	4	2
				0	0	5
				Amount \$500.00		
Form (Cash, Check, etc.) check						

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 2,850.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor William R. Heifner				Registration Number, if PAC	
Street Address 3215 Rocky Fork Place		Employer/Occupation/Labor Organization*		M 0	D 4
City Gahanna		State OH	Zip Code 43230	Y 0	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Build PAC of Central Ohio				Registration Number, if PAC	
Street Address 495 Executive Campus Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville		State OH	Zip Code 43082	Y 0	Amount \$1,000.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Columbus Realty Investments				Registration Number, if PAC	
Street Address 191 W. Nationwide Blvd., Suite 200		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor State Street Capital Funding II				Registration Number, if PAC	
Street Address 191 W. Nationwide Blvd., Suite 200		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Crabbe, Brown & James				Registration Number, if PAC	
Street Address 500 South Front Street, Suite 1200		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$1,000.00
Form (Cash, Check, etc.) check					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$15,800.00

Total expenditures this event.

\$0.00

Page Total \$ **\$3,500.00**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page **25**

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee												
To Whom Paid Key Bank						M	D	Y	Amount			
						0	1	2	7	0	5	\$18.00
Address 88 East Broad Street				Purpose Bank Charges								
City Columbus				State OH		Zip Code 43215		Check Number N/A				
To Whom Paid Key Bank						M	D	Y	Amount			
						0	1	2	8	0	5	\$78.00
Address 88 East Broad street				Purpose Bank Charges								
City Columbus				State OH		Zip Code 43215		Check Number N/A				
To Whom Paid Key Bank						M	D	Y	Amount			
						0	2	0	3	0	5	\$150.00
Address 88 East Broad Street				Purpose Bank Charges								
City Columbus				State OH		Zip Code 43215		Check Number N/A				
To Whom Paid Franklin County Board of Elections						M	D	Y	Amount			
						0	3	0	3	0	5	\$45.00
Address 88 East Broad Street				Purpose Filing fee								
City Columbus				State OH		Zip Code 43215		Check Number 1216				
To Whom Paid Tacticaledge						M	D	Y	Amount			
						0	3	0	8	0	5	\$4,000.00
Address 929 Harrison Ave., Suite 305				Purpose Consulting fees								
City Columbus				State OH		Zip Code 43215		Check Number 1218				
To Whom Paid Tacticaledge						M	D	Y	Amount			
						0	3	1	0	0	5	\$1,126.83
Address 929 Harrinson Ave., Suite 305				Purpose Consulting fees								
City Columbus				State OH		Zip Code 43215		Check Number 1219				
To Whom Paid U. S. Postmaster						M	D	Y	Amount			
						0	3	1	0	0	5	\$555.00
Address 850 Twin Rivers Dr.				Purpose Postage								
City Columbus				State OH		Zip Code 43216		Check Number 1220				
To Whom Paid Tacticaledge						M	D	Y	Amount			
						0	3	3	0	0	5	\$200.00
Address 929 Harrison Ave., Suite 305				Purpose Consulting Fees								
City Columbus				State OH		Zip Code 43215		Check Number 1225				

Page Total \$ **\$6,172.83**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page **26**

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee										
To Whom Paid Tacticaledge							M	D	Y	Amount
							0	3	3	005 \$292.50
Address 929 Harrison Ave., Suite 305				Purpose Office Supplies, Banner						
City Columbus				State OH	Zip Code 43215		Check Number 1226			
To Whom Paid U. S. Postmaster							M	D	Y	Amount
							0	3	3	005 \$150.00
Address 850 Twin Rivers Dr.				Purpose Postage						
City Columbus				State OH	Zip Code 43216		Check Number 1228			
To Whom Paid Felicia Sowell							M	D	Y	Amount
							0	4	0	105 \$500.00
Address 2677 Clubhouse Drive				Purpose Contribution						
City Columbus				State OH	Zip Code 43211		Check Number 1229			
To Whom Paid Graphic T's Inc.							M	D	Y	Amount
							0	4	0	605 \$1,363.20
Address 532 R Main Street				Purpose T-shirts						
City Groveport				State OH	Zip Code 43125		Check Number 1230			
To Whom Paid Target							M	D	Y	Amount
							0	4	0	605 \$85.61
Address 6000 Samill Road				Purpose Office Supplies						
City Columbus				State OH	Zip Code 43235		Check Number 1231			
To Whom Paid Tacticaledge							M	D	Y	Amount
							0	4	1	405 \$275.00
Address 929 Harrison Ave., Suite 305				Purpose Photography						
City Columbus				State OH	Zip Code 43215		Check Number 1232			
To Whom Paid Carlton Weddington For School Baord							M	D	Y	Amount
							0	4	1	405 \$100.00
Address 65 E. State St., Ste., 200				Purpose Contribution						
City Columbus				State OH	Zip Code 43215		Check Number 1233			
To Whom Paid Andrea Peebles For Judge							M	D	Y	Amount
							0	4	1	405 \$100.00
Address				Purpose Contirbution						
City				State OH	Zip Code		Check Number 1234			

Page Total \$ **\$2,866.31**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee										
To Whom Paid Expenditures from Form 31-F							M	D	Y	Amount
							0	3	3	\$1,256.33
Address					Purpose					
City					State	Zip Code		Check Number		
					OH					
To Whom Paid							M	D	Y	Amount
Address					Purpose					
City					State	Zip Code		Check Number		
					OH					
To Whom Paid							M	D	Y	Amount
Address					Purpose					
City					State	Zip Code		Check Number		
					OH					
To Whom Paid							M	D	Y	Amount
Address					Purpose					
City					State	Zip Code		Check Number		
					OH					
To Whom Paid							M	D	Y	Amount
Address					Purpose					
City					State	Zip Code		Check Number		
					OH					
To Whom Paid							M	D	Y	Amount
Address					Purpose					
City					State	Zip Code		Check Number		
					OH					
To Whom Paid							M	D	Y	Amount
Address					Purpose					
City					State	Zip Code		Check Number		
					OH					

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full									
To Whom Paid						M	D	Y	Amount
Tacticaledge						0	3	1	\$475.04
Address				Purpose					
929 Harrison Ave., Suite 305				Invitations					
City		State	Zip Code	Check Number					
Columbus		OH	43215	1221					
To Whom Paid						M	D	Y	Amount
Columbus Music Hall						0	3	1	\$100.00
Address				Purpose					
734 oak street				Facility Rental					
City		State	Zip Code	Check Number					
Columbus		OH	43205	1222					
To Whom Paid						M	D	Y	Amount
Columbus Music Hall						0	3	3	\$90.00
Address				Purpose					
734 oak street				Facility Rental					
City		State	Zip Code	Check Number					
Columbus		OH	43205	1223					
To Whom Paid						M	D	Y	Amount
Tacticaledge						0	3	3	\$63.29
Address				Purpose					
929 Harrison Ave.				Envelopes					
City		State	Zip Code	Check Number					
Columbus		OH	43215	1224					
To Whom Paid						M	D	Y	Amount
Tacticaledge						0	3	3	\$528.00
Address				Purpose					
929 Harrison Ave.				catering					
City		State	Zip Code	Check Number					
Columbus		OH	43215	1227					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State	Zip Code	Check Number					
		OH							
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State	Zip Code	Check Number					
		OH							

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$1,256.33
Page Total \$